

**2019 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F16000001510

**Entity Name:** LANNETT COMPANY, INC.

**Current Principal Place of Business:**

9000 STATE ROAD  
PHILADELPHIA, PA 19136

**Current Mailing Address:**

9000 STATE ROAD  
PHILADELPHIA, PA 19136 US

**FEI Number:** 23-0787699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CHANTALLE RUFEN-BLANCHETTE

10/14/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OD  
Name CREW, TIM  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title CFO  
Name KOZLOWSKI, JOHN  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title VP  
Name ABT, JOHN  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title CIO  
Name EHLINGER, ROBERT  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title D  
Name FARBER, JEFFREY  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title D  
Name DRABIK, DAVID  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title D  
Name TAVEIRA, PAUL  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title D  
Name PAONESSA, ALBERT  
Address 13200 TOWNSEND RD  
City-State-Zip: PHILADELPHIA PA 19154

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMUEL ISRAEL

VP AND CHIEF LEGAL  
OFFICER

10/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP AND CHIEF LEGAL OFFICER  
Name ISRAEL, SAMUEL  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title DIRECTOR  
Name CHAPMAN, JOHN  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title DIRECTOR  
Name REWOLINSKI, MELISSA  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title SENIOR VP AND CHIEF COMMERCIAL  
OPERATIONS OFFICER  
Name CAVANAUGH, MAUREEN  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136

Title DIRECTOR  
Name LEPORE, PATRICK  
Address 9000 STATE ROAD  
City-State-Zip: PHILADELPHIA PA 19136